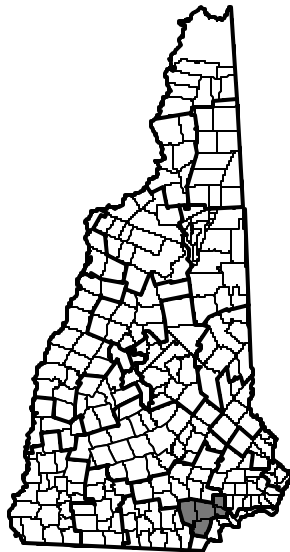


# Derry Healthcare Service Area Regional Health Profile



This narrative is part of a larger effort, the *New Hampshire Regional Health Profiles*, and grew out of a mandate established by the Legislature in its passage of SB 183 in 1999. That bill amended RSA 126A to include a requirement for the Department of Health and Human Services to continually assess the health status of the State's residents and to make its findings available in a report issued every two years.

This narrative was jointly developed by the Dartmouth Hitchcock Alliance and the Department and is the first to be issued under this legislation. The *Regional Profiles* provide a means for residents, community leaders, planners and providers to gain a better understanding of the health status of the State's residents and communities.

The *Regional Profiles* provides information that can be used to establish local *Healthy New Hampshire 2010* targets and to meet the needs assessment expectations of the State's Community Benefits legislation.

## Overview of the HSA

The Derry Healthcare Service Area (HSA) consists of five towns. According to the 1998 population estimate Derry is the largest town in the HSA, accounting for over 40% of the population. Derry and Londonderry combined have over 70% of the population in the Healthcare Service Area. Compared with New Hampshire as a whole, the residents of the Derry Healthcare Service Area are younger.

Town Name	1998 Pop Est	% of HSA Pop	% of HSA Self Pay Admissions	Ratio of Self-Pay Admissions to Pop Pct	1996 Per Capita Income	Pop Density (persons per sq. mi.)	Miles to Nearest Hospital*
Derry	32,183	42%	62%	1.5	\$19,544	908	-
Hampstead	7,618	10%	7%	0.7	\$23,422	568	10
Londonderry	21,854	29%	20%	0.7	\$22,504	520	8
Sandown	4,758	6%	5%	0.9	\$19,990	342	8
Windham	9,978	13%	7%	0.5	\$32,894	373	10
<b>HSA Total</b>	<b>76,418</b>				<b>\$22,548</b>	<b>581</b>	
New Hampshire	1,185,000				\$18,697	132	

\* = Nearest Hospital may be in a different HSA

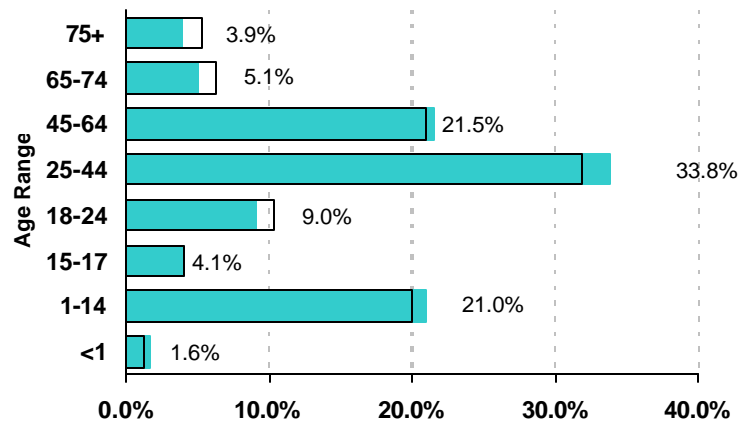
- 1998 Population Estimate = New Hampshire Office of State Planning.
- Percent of HSA Self Pay Admissions = Each community's share of individual overnight hospital admissions for the full HSA that are recorded as "Self Pay" on the Uniform Hospital Discharge Data Set for 1998.
- Ratio of Self-Pay Admissions to Population Percentage = Percent of HSA self-pay admissions divided by the percent of HSA population. A higher ratio reflects a greater proportion of individuals within a community who must cover the costs of hospitalization from their personal resources, i.e., they do not have health insurance coverage for the hospitalization.
- 1996 Per Capita Income = Office of State Planning, from the Department of Revenue Administration.
- Population Density = Total square miles from the Office of State Planning, divided by the 1998 Population Estimate.
- Miles to Nearest Hospital = mileage from a community to the nearest hospital that may not be the hospital(s) in the HSA, as given in the *1999 New Hampshire Community Profiles*, published by the State Occupational Information Coordinating Committee (SOICC) of New Hampshire.

## Demographic Profile

### Percentage of Population by Age

Shaded and Labeled bars = HSA population profile

Outlined bar = State population profile



Graphics are based on data provided in the Primary Care Data Set, 1993-1997, which stated “State, city, and town population counts for New Hampshire have been obtained by applying the proportions from the 1995 New Hampshire Population Projections for Counties by Age and Sex to the 1995 Population Estimates of New Hampshire Cities and Towns; both of which were prepared by the New Hampshire Office of State Planning (OSP). The population figures for 1995 were chosen for use in calculating rates since this year represents the midpoint of the five years of study, 1993 through 1997... Since the town-specific age and sex population estimates are based on town-wide estimates applied to county level projections, it is assumed that there is an unknown amount of error in the individual components of the estimates. However, when combining towns together to construct HSAs, much of the variability in the town-specific estimates is assumed to be canceled.” *Primary Care Access Data, 1993-1997*

Limited data on population and households from the national 2000 census is provided in the Census 2000 section of the *Regional Profiles*. That data will be updated at the *Regional Profiles* website as it becomes available and should be used when reviewing the “Additional Indicators” section below.

## Health Profile

The points offered below are provided as an overview of the health of the HSA in the three **Regional Profile** focus areas: *Current Health*, *Use of Health Care* and *Risks to Future Health*. These are provided as a representative sample of findings presented in the data tables and should not be construed as the most important findings. Readers are urged to review the data tables to better understand the conditions and circumstances of this HSA.

In some instances, the differences between the HSA and the State are described as significant. This refers to a difference being “statistically significant.”

- When the source of the data is the 1999 NH Health Insurance Coverage and Access Survey (NH HICAS), the difference is significant at the 95% confidence level, i.e., when the range between the upper and lower confidence intervals for the HSA is higher or lower than the range for the State confidence interval (the confidence ranges do not overlap).
- When the source of data is the Primary Care Access Data set (PCAD), a difference is also significant at the 95% confidence level, based on a “z test score,” a test for statistical significance, i.e., when this test statistic is “significant,” there is 95% confidence that the rates being compared are different for reasons other than “random chance.”
- Because a finding is statistically significant, i.e., not due to chance alone, the difference may not be of sufficient magnitude to be practical or meaningful to understanding the health issue or for developing strategies.
- A finding that a difference is not statistically significant may not mean that there is no value to paying attention to the difference, i.e., not being statistically significant does not mean that it is not important or necessary to consider the underlying health issues for indicators that are different between the HSA and the State, particularly on indicators that seem to show a trend or relationship, such as between indicators associated with births.

All rates in this narrative have been age-adjusted. The calculation of age-adjusted rates makes it possible to compare the rates between an HSA and the State. The proportion of the population in each age range varies from HSA to HSA and between an HSA and the State. Thus, it would be misleading to compare HSA rates to the State rate unless the rates were adjusted for this variation in the distribution of age ranges.

Please refer the *Technical Notes* section for an explanation of the age-adjustment calculation and the calculations for statistical significance and confidence intervals.

Unless noted in the text, the data date and source are given in [ ] at the end of each point. Key to abbreviations:

- NHES = New Hampshire Employment Security.
- NH HICAS = *New Hampshire Health Insurance Coverage and Access Survey, 1999*; Office of Planning and Research, Department of Health and Human Services.
- PCAD = *Assessing New Hampshire's Communities: Primary Care Access Data, 1993-1997*; Health Statistics and Data Management Bureau, Office of Community and Public Health.
- UHDDS = Uniform Hospital Discharge Data Set, maintained by the Health Statistics and Data Management Bureau, Office of Community and Public Health.
- US Census = Taken from 1990 Census of Population and Housing Summary Tape File 3A (STF3A), 1990 US Census data, US Department of Commerce.

## Observation on Current Health

- According to findings from the 1999 NH Health Insurance Coverage and Access Survey, 96.7% of the residents under age 65 in this HSA characterized their health as “good,” “very good,” or “excellent.” This was significantly higher than the State average of 94.8%.
- According to the 1999 NH Health Insurance Coverage and Access Survey, 6% of the residents under age 65 of this HSA had a chronic condition lasting at least one year. This was comparable to the State average of 5.9%.
- Approximately 1.8% of the residents of the Derry HSA between the ages of 16 and 64 had a work disability and were not in the labor force. This was lower than the State average of 2.9%. [1990; US Census]
- The rate of “premature death” (deaths within the 18 to 64 age group) for this HSA (1.6 per 1000 population), was significantly lower than the State rate (2.6 per 1000 population). [1993-1997; PCAD]
- The HSA rate of deaths due to heart disease (2.7 per 1000 population over the age of 25) was significantly lower compared to the State rate (3.9 per 1000 population over the age of 25). [1993-1997; PCAD]
- The HSA rate of deaths due to all cancers (2.1 per 1000 population over the age of 25) was significantly lower compared to the State rate (3.2 per 1000 population over the age of 25). [1993-1997; PCAD]
- The HSA rate of deaths that were diabetes related (1.4 per 1000 population over the age of 45) was significantly lower compared to the State rate (2.2 per 1000 population over the age of 45). [1993-1997; PCAD]
- The HSA incidence of colon cancer (0.4 per 1000 population over the age of 25) was significantly lower than the State rate (0.6 per 1000 population over the age of 25). [1993-1997; PCAD]
- The rate of low birth-weight births (51 per 1,000 births) in this HSA did not differ significantly from the State rate (52 per 1000 births). [1993-1997; PCAD]

## Observations on Use of Health Care

- Based on findings from the 1999 NH Health Insurance Coverage and Access Survey, 19.2% of the population under age 65 in this HSA were not “extremely” or “very” confident in their access to health care. This was comparable to the State average of 19%.
- According to findings from the 1999 NH Health Insurance Coverage and Access Survey, the percent of the population in the HSA under age 65 who did not have a usual source of medical care was 6.0%. This was comparable to the State average of 6.9%.

- 10.3% of the HSA non-elderly residents (less than age 65) did not have a physician visit in the year prior to the 1999 NH Health Insurance Coverage and Access Survey. This percent did not differ significantly from the State average of 11.7%.
- 18.1% of the HSA non-elderly residents (less than age 65) did not have a dental visit in the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This was slightly lower than the State average of 21.9%.

**Ambulatory Care Sensitive Conditions** = medical conditions that may not require inpatient hospitalization (a stay of at least one night) if timely and appropriate primary care is received.

- Hospital admissions for a rapid onset ambulatory care sensitive conditions, such as pneumonia and other infections, occurred at a rate significantly lower in this HSA compared to the State: 5.6 per 1000 population vs. 7.4 per 1000. [1993-1998; UHDDS]
- HSA rates of hospital admissions for chronic ambulatory care sensitive conditions, such as asthma and diabetes, were comparable to State rates: 4.9 per 1000 population, vs. 4.6 per 1000 population. [1993-1998; UHDDS]
- HSA hospital admission rates per 1000 population for ambulatory care sensitive conditions were significantly lower in two categories compared to State rates. [1993-1997; PCAD]

HSA	State	Ratio (HSA/State)	
Pediatric	5.1	4.3	1.2
Adult*	4.7	6.1	0.8
Elder*	34.7	57.4	0.6
(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)			
* = Significantly lower			

- HSA residents across three age categories experienced hospital admissions due to injuries at rates (per 1000 population) lower than the State. [1993-1997; PCAD]

HSA	State	Ratio (HSA/State)	
Pediatric	3.0	3.1	1.0
Adult	5.6	6.2	0.9
Elder*	15.6	26.2	0.6
(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)			
* = Significantly lower			

- The payor mix for inpatient hospital care (care provided to a person staying at least one night) for residents in this HSA was HMO (31%), “other” (27%), commercial insurance (17%), Medicare (18%), Medicaid (4%), and self pay (3%). [1998; UHDDS]

## Observations on Risks to Future Health

- In 1999, the unemployment rate for this HSA was higher than the State unemployment rate (3.6% vs. 2.7%). [NHES]
- According to the 1999 NH Health Insurance Coverage and Access Survey, the percent of the HSA population under age 65 with a High School education was 92.5%. This rate was similar to the State rate of 92.2%.

- According to the 1999 NH Health Insurance Coverage and Access Survey the HSA percent of families with an income less than 200% of the federal poverty level was 18.5%. This percent was lower than the State proportion of 21.4%.
- 5.2% of children under age 19 in this HSA received Medicaid and/or Food Stamps. This was significantly lower than the State average of 9.1%. [1993-1997; PCAD]
- Only 1% of adults in this HSA received Medicaid and/or Food Stamps. This proportion was significantly lower than the State average of 2.1%. [1993-1997; PCAD]
- 7.9% of the Derry HSA non-elderly residents (less than age 65) were uninsured during some portion of the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This was lower than the State average of 11.4%.
- 18.1% of the Derry HSA non-elderly residents (less than age 65) did not have dental coverage, according to the 1999 NH Health Insurance Coverage and Access Survey. This was significantly lower than the State average of 25.7%.
- Selected birth characteristics for this HSA:
  - ✓ The rate of maternal smoking was significantly lower in this HSA compared to the State (135 smoking mothers per 1000 births vs. 176 per 1000 births). [1993-1997; PCAD]
  - ✓ The rate of late or no prenatal care in this HSA was significantly lower than the State (11 per 1000 births vs. 17 per 1000 births). [1993-1997; PCAD]
  - ✓ The rate of births to teens under age 17 was significantly lower in this HSA compared to the State rate (10.4 per 1000 births vs. 14.4 per 1000 births). [1993-1997; PCAD]
  - ✓ The rate of births to mothers with less than a High School education was significantly lower for this HSA compared to the State rate (52 per 1000 live births vs. 109 per 1000 births). [1993-1997; PCAD]
  - ✓ The rate of births to unmarried mothers in the Derry HSA was significantly lower than the State rate (131 per 1000 live births vs. 223 per 1000 births). [1993-1997; PCAD]
  - ✓ The Derry HSA rate of mothers delivering with Medicaid as a payor was significantly lower than the State rate (98 per 1000 live births vs. 207 per 1000 births). [1993-1997; PCAD]

## Additional Observations

By reviewing census data, it is possible to learn more about the people living in a community. Unfortunately, the most recent census data is from 1990. It will be helpful to compare data from the 2000 census (which is underway) to that from 1990 to see how this community has changed in terms of:

- Households with children headed by a single parent – In 1990 12% of households in the Derry HSA were single parent households (female headed: 9.7%; male headed: 2.3%). The State average was 17% (female headed: 13.1%; male headed: 3.9%). [1990; US Census]

- Income distribution – In 1990 7.7% of the families in this HSA had incomes below \$20,000 and 52% had incomes above \$50,000. The State average was 15.2% of families with incomes under \$20,000 and 37.0% with incomes above \$50,000. [1990; US Census]
- People isolated by virtue of:
  - ✓ Living alone – In this HSA, 16.6% of the households were classified as single occupant compared to the State average of 21.9%. [1990; US Census]
  - ✓ Not speaking English – In this HSA, 0.7% of the households were linguistically isolated compared to the State average of 1.5%. [1990; US Census]
  - ✓ Not owning a vehicle – In this HSA, 2.8% of the population had no personal transportation available compared to the State average of 16.1%. [1990; US Census]
- The stability of the population as reflected by:
  - ✓ Not relocated over the last 5 years – In this HSA, 42.3% of the households had lived in the same location at least 5 years compared to the State average of 47.8%. [1990; US Census]
  - ✓ Owns rather than rents – In this HSA, 77.7% of the population resided in owner occupied housing compared to the State average of 73.6%.